Concurrent Session Two – Translation Issues/Taxonomy Interventions

Group 1

Benefits

- ❑ Standardized taxonomy allows for comparing interventions across providers and jurisdictions, and thereby facilitates evaluation
- ❑ It "equalizes" the contractors in terms of reporting and application process
- ❑ Can build quality assurance into the intervention definition ("must have the following components . . .")
- ❑ Community planning and providers gain a greater understanding and common vocabulary

Issues

- ❑ Too much standardization can lead to erroneous "one-size-fits-all" mentality and shifts burden of customization onto the provider
- ❑ Some providers may not have the capacity to implement detailed standards
- ❑ May feel "top-down" and threatening to those trying to come up with creative, local programming

Solutions

- ❑ Does ILI work better than GLI tailored to the intervention level needed?
  - ➜ Have standards with markers not a standardization
- ❑ Certify

Group 2

Issue

- ❑ Lack of fit between evaluation categories and actual programs

Solutions

- ❑ Training and direct interaction with providers
- ❑ Funding for incentives to clients (but incentives may not work)
- ❑ Lower intensity (one or two GLI sessions) may be more viable (though less effective) as long as there is skills building (longer time period for single session)
- ❑ CDC should broker information exchange
- ❑ Flexibility – accept interventions

Issue

- ❑ Match of jurisdiction versus CBO definition
- ❑ Cross-tabulation
- ❑ Group-level interventions really outreach
- ❑ Models (categories) are new to existing interventions/programs
- ❑ Models (categories) may not match reality/need
- ❑ Activity is specific, category is not a specific intervention

Benefits

- ❑ Starts process of standardization
- ❑ Cross-jurisdiction/cross-agency common language
- ❑ Directs services to specific populations
- ❑ Provides language for solicitations/contracts

Group 3

Issue

- ❑ Definitions are too broad/too narrow

Solutions

- ❑ Involve CPG to define and reach consensus/develop standards – this helps to clarify and

to keep local flavor of activities and intervention (Colorado and Oklahoma Departments of Health re-visit this annually)
- ❑ Involve provider in the writing of standards (+ cultural competence)
- ❑ Use three different forms (→ UOS – standard)

Recommendations to CDC

- ❑ Be there to discuss issues
- ❑ Set up a website or listserv that is archived to query and read posts to reduce "reinventing the wheel" and to help with TA across the states

Group 4

Issues

- ❑ For some of the larger states and directly funded cities, the taxonomy process of prioritization is being re-invented and not used
- ❑ Iowa is tracking over 30 interventions and clearly follows the Guidance
- ❑ Iowa has learned from other states and has used CBA provider to enhance their interventions
- ❑ Broadly defining category types is a better description of the taxonomy – rather than the intervention itself; the components of the intervention are a whole make-up of interventions with definitional constraints
- ❑ Translating CPG efforts into CDC
- ❑ Categories need to be on a continuum

Group 5

Benefits

- ❑ Standardization of reporting
- ❑ Common language
- ❑ Defines what things are being evaluated
- ❑ Helps providers define what they are doing
- ❑ Helps to identify gaps in prevention services
- ❑ Helps to measure what programs are doing
- ❑ Increases knowledge of provider skills
- ❑ Cuts down on work the health department must do to summarize data (this benefits CBO and the health department)

Issues

- ❑ Provider buy-in
- ❑ Lack of skills to categorize
- ❑ Interventions don't always fit cleanly (some interventions have different parts of other interventions)
- ❑ Implied value of one type of intervention over another
- ❑ Taxonomy may limit creativity
- ❑ Once the intervention is created, it has to fit a category
- ❑ Lack of resources (volunteers are doing implementation/creation/defining the intervention work)
- ❑ Errors in filling out forms
- ❑ Duplication of clients: Does outreach versus ILI get counted more than once?
- ❑ Significant issues around implementation (differing levels of where everyone is)

Solutions

- ❑ Hire consultants (although funding for this is an issue)
- ❑ URS data management system
- ❑ Revise existing data management tools
- ❑ Use different reporting tools (semi-annual report, work plan revisions at the beginning of each year)

Types of Assistance

- ❑ Training (like the 2001 HIV Prevention Program Evaluation Meeting)
- ❑ Site visits
- ❑ Peer consulting among state health departments

Discussion Summary:

- ❖ Participants agreed widely that the taxonomy provides standardization, allows for the prioritization of categories and accountability. One participant defined the benefit of the taxonomy in that is allowed different groups to "speak the same language." Another participant from Ohio added that the taxonomy helps to define the work being performed by providers.

- ❖ A participant from Arkansas agreed that the standards the taxonomy creates are necessary as a general marker, but cautioned that generalized standardization or centralization may hinder activities.

- There was substantial consensus among the workshop participants that the taxonomy should set forth minimum standards, yet there should be latitude for programs to be scaled and designed on an individual level.

- One issue raised was the lack of fit between the evaluation categories, and the actual service delivered through the intervention. Several participants agreed that the reality of collecting the cross-tabulation data required by the Guidance was difficult to retrieve. Other participants agreed that there is also difficulty in recruiting for interventions, even with incentives.

- It was noted that a possible solution might be to emphasize training with direct providers, to work on the incentive structure and to modify the model to a lower intensity, minimizing the number of sessions with one longer session.

- Funding by category was another issue raised in discussion about the taxonomy. Several participants concurred that the taxonomy can discourage flexibility in that funding is identified by categories.

- A concern was raised that intervention participants could potentially have to fill out multiple forms, if the intervention qualifies under several categories.

- One message that came through was that taxonomy is not taxonomy of intervention, but taxonomy of categories. That goes along with work-in-progress notion that might be one of the next steps.

- It was suggested that they consider the essential components. What they now have is a taxonomy of categories of interventions. There is difficulty in tracking between multi-intervention programs. For example, street outreach for group level intervention. Perhaps they need to look at activities to identify activities typical to each type of intervention in order to start catching some of the variations and to understand the relationship between different types of interventions.

- Tim Akers noted that the categories were not merely pulled out of the air. They are working with them very closely in terms of structural, behavioral, biomedical, etc. issues. He stressed that there were many people putting in a lot of effort.